Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 TN2603 B WING 09/30/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WILLOWS AT WINCHESTER CARE & REHABIL WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 831 1200-8-6-.08 (1) Building Standards How the facility will monitor its N 831 corrective actions to ensure the (1) A nursing home shall construct, arrange, and deficient practice is being corrected maintain the condition of the physical plant and and will not recur. the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. A Maintenance Audit will be used to ensure compliance and will be reviewed by the interdisciplinary team five times a week for two This Rule is not met as evidenced by: weeks, weekly for two weeks and Based on observation, it was determined the monthly for two months. The facility failed to maintain the condition of the maintenance audit will be physical plant for the safety of both staff and reviewed by the Quality Assurance residents. Performance Improvement The finding included: Committee. Maintenance Director or designee will report findings of On 9/30/13 at 11:05 AM observation within the audits and observations in the dietary area revealed there was no plug to the monthly Quality Assurance plumbing drain instead a piece of rag was used to Performance Improvement plug the drain. meeting for three months for This finding was acknowledged by the further recommendation and/or Administrator and verified by the Maintenance suggestions and follow-up as Director during the exit interview on 9/30/13. needed. N 901 1200-8-6-.09(1) Life Safety N 901 11/7/13 (1) Any nursing home which complies with the N901 required applicable building and fire safety regulations at the time the board adopts new How the corrective action(s) will be codes or regulations will, so long as such accomplished for those residents compliance is maintained (either with or without found to have been affected by the waivers of specific provisions), be considered to be in compliance with the requirements of the deficient practice. new codes or regulations. The magnetic door hold open device still functions properly

Division of Health Care Facilities

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 10/03/2013 FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 B. WING TN2603 09/30/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WILLOWS AT WINCHESTER CARE & REHABIL WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) N 901 Continued From page 1 N 901 holding the door open and releases This Rule is not met as evidenced by: with the activation of the fire Based on testing, it was determined the facility alarm. The magnetic door hold failed to comply with the applicable building and open device will be replaced and fire safety regulations. was ordered on 10/16/13. The finding included: How the facility will identify other On 9/30/13 at 11:30 AM testing of the 'C'- wing residents having the potential to be fire door revealed the magnetic door-hold open affected by the same deficient device was loose in the wall. practice. This finding was acknowledged by the Administrator and verified by the Maintnance Director during the exit interview on 9/30/13.

All resident have the potential to be affected. The magnetic door hold open device still functions properly holding the door open and releases with the activation of the fire alarm. The magnetic door hold open device will be replaced and was ordered on 10/16/13. A Maintenance Audit will be used to ensure compliance.

What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.

The magnetic door hold open device still functions properly holding the door open and releases with the activation of the fire alarm. The magnetic door hold open device will be replaced and was ordered on 10/16/13. A

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED TN2603 B. WING NAME OF PROVIDER OR SUPPLIER 09/30/2013 STREET ADDRESS, CITY, STATE, ZIP CODE WILLOWS AT WINCHESTER CARE & REHABIL 32 MEMORIAL DRIVE WINCHESTER, TN 37398 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE N 901 Continued From page 1 DEFICIENCY) N 901 This Rule is not met as evidenced by: Maintenance Audit will be used to Based on testing, it was determined the facility ensure compliance. failed to comply with the applicable building and fire safety regulations. How the facility will monitor its The finding included: corrective actions to ensure the deficient practice is being corrected On 9/30/13 at 11:30 AM testing of the 'C'- wing and will not recur. fire door revealed the magnetic door-hold open device was loose in the wall. A Maintenance Audit will be used This finding was acknowledged by the to ensure compliance and will be Administrator and verified by the Maintnance reviewed by the interdisciplinary Director during the exit interview on 9/30/13. team five times a week for two weeks, weekly for two weeks and monthly for two months. The maintenance audit will be reviewed by the Quality Assurance Performance Improvement Committee. Maintenance Director or designee will report findings of audits and observations in the monthly Quality Assurance Performance Improvement meeting for three months for further recommendation and/or suggestions and follow-up as needed. 11/7/13 ision of Health Care Facilities **YTE FORM** 5FRH21 If continuation sheet 2 of 2